

Development of a Community-Based Spiritual Life Review Program for Promoting Resilience of Elders Residing in Disaster-Prone Areas

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Background: Nowadays disasters are a common occurrence in the world. The elderly are in a vulnerable condition in terms of disasters and need help to recover from the hardship caused if they are caught in such a disaster. Two significant contributors to elderly people having sufficient resilience to be able to deal with such disasters are spiritual support and social support.

Purpose: To develop a program specifically for Muslim elderly in Indonesia for promoting resilience.

Method: The processes of developing the program were conducted in 2011, and included a critical review of the literature, constructing the elements of the actual program, validating the contents of the program by three experts, revising the program according to the experts' suggestions, and finally pilot-tested the final version of the program on a group 12 elders in Banda Aceh, Indonesia.

Result: The program protocol established in this program includes five stages: (1) reviewing individual spiritual life experiences using memorable photos; (2) appreciating feelings among group members (3) re-evaluating the participant's life by looking to the group's album, (4) reconstructing the participants' life, and (5) affirming the six spiritual dimensions of the Islamic religion by the religious leader.

Keywords: Community-based, spiritual, life review, resilience, elderly, adversity.

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Background

Promoting resilience is important for people who face some unexpected adversity in their life. Sometimes people affected by disasters are quite devastated and need help recovering (Luthar, & Cicchetti, 2000; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008). Disasters are one of the hardship situations which were categorized as a significant catastrophe in the world (Yamamoto, 2006). Various studies have also shown that elderly people are more vulnerable to the psychosocial effects of a disaster (e.g. World Health Organization, 2005). The elderly are more vulnerable to certain hardships because elderly people are often less strong, their immune systems are not as strong as in younger people. Elderly people often have less inner resources and thus need help (Prueksaritanond, & Kongsakol, 2007).

In the healthcare sense, the ability to recover from adversity is called resilience (Luthar, & Cicchetti, 2000; Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008). Studies of resilience in older persons are relatively rare compared to younger age groups (Netuveli, et al., 2008). However, there are studies have investigated resilience in the elderly (Rowe & Khan, 2000; Masten, 2000; Wangnild, 2003, Hildon, Smith, Netuveli, and Blane, 2008; Rourky, 2004) and there is still inadequate research on promoting resilience in elderly. Further studies are required to fill this gap, especially as the population of elderly is growing all over the world, and their health and social problems requiring more attention from governments and health care systems.

There are five major components used to describe an elder's resilience: physical function, emotional function, coping strategies, spiritual support, and social support. Although all aspects are of course important, the social and spiritual aspects of resilience have been found to have a more significant impact on elderly resilience than the others (Maneerat, 2011). Other studies have found that having spiritual support through religious involvement, and social support, showed a positive influence on health generally (e.g. Olphen

et al, 2003). Thus, good resilience tends to be equated with better health in general, including in the elderly. This was also demonstrated in a study by the Australian Association of Gerontology [AAG] (2006), which found that elderly who had lower resilience had less vitality and limited role performance, and they also perceived their health to be worse than did those who had higher resilience.

Life review is defined as using the recall of past events, feelings, and thoughts to facilitate pleasure, quality of life, or adaptation to present circumstances (Medical Dictionary, 2009; Webster, Bohlmeijer, & Westerhof, 2010). In the usual 'life review program', the elderly participants evaluate their lives with the assistance of photographs or other things that help them remember past experiences (Harrand, & Bollstetter, 2000). Many researchers have found that a life review program enables elders to enhance their spiritual support (Ando, & Morita, 2010; Ando, Morita, Okamoto, Ninosaka, 2008; Ando, Morita, Miyashita, Sanjo, Kira, & Shima, 2010), in a beneficial and cost effective way (The Benevolent Society, 2005). The programs in the past have been developed in a community setting, to enlist support from various local peer groups.

Purpose

The present study aimed to develop a community-based spiritual life review program for promoting resilience of elders residing in disaster-prone areas.

Methods

The program development included a literature review, program constructing, expert validation, and a pilot study. The processes were as follows:

Literature review

The relevant literature was reviewed to meet the objective of developing a community-based program for promoting resilience. The author searched journals related to programs which focusing on spiritual and social supports for elderly in communities, research articles, and other comprehensive reports from classic nursing and health-related databases, such as the Cumulative Index to Nursing and Allied Health (CINAHL), and PubMed. The search was for articles published from 1997 to 2010. The author also used universal case entry websites such as google-web and google-scholar. The keywords (MeSH and free-text) used to find articles were resilience, spiritual, religiousness, mental health, social, support and well being. The search was limited to English language articles. Before a full article was retrieved, the abstract was read to ensure it had relevant information. Each article was read to identify relevant content for the current research. The programs, durations, and resilience scales from articles in the literature review were taken into consideration for developing the new program.

Expert validation

The author developed a spiritual life review program for promoting resilience. The program includes the life review that enhances spiritual well being (Ando, Morita, Okamoto et al., 2008; Ando, & Morita, 2010; Ando, Morita et al., 2010), and religious affirmation from the religious leader based on the sixth themes of spiritual dimension of Islamic religion. According to MacKinlay (2001), the sixth themes of spiritual dimension are importance of building a relationship rather than self-isolation, having wisdom and final meanings in life, searching for ultimate meaning, response to a personal experience and sense of ultimate meaning, patience and thankful for what God give, and finding hope and against fear.

Before implementing the program which had been developed by the author, three experts were asked to validate the contents of the program. The experts included two nursing

lecturers, one each from the Department of Community Nursing and the Department of Psychiatric Nursing, Prince of Songkla University, Thailand. The third expert was a Lecturer from the College of Islamic Studies Pattani Campus, Prince of Songkla University, Thailand. The program guideline was revised based on comments and suggestions from the experts.

Pilot study

The author conducted a pilot study in order to examine the feasibility of the program by implementing the program guideline in a real situation. The program's duration, strategies, and methods were tested. Twelve elders in Suleue village of Banda Aceh, Indonesia who met the inclusion criteria were recruited in order to participate in the pilot study of the program.

Results

Community-based spiritual life review program for promoting resilience

The program was developed by the researcher using the structured life review and the description of current short-term life review programs described in previous studies (Ando, Morita, Okamoto et al., 2008; Ando, & Morita, 2010; MacKinlay, & Trevitt, 2010; Stinson, et. al, 2010). The program consisted of five sessions including: (1) reviewing the previous spiritual life experiences of each participant using memorable photos, (2) appreciating previous life experiences by sharing them with the other group members (3) re-evaluating each participant's life by looking to the group album and reflecting on overall life memories, both good and bad, (4) reconstructing each participant's life by recognizing their memories and their present feelings, and (5) giving affirmation by a religious leader on the sixth themes of spiritual dimensions

The first session. This session aimed to review each participant's life by asking some questions. The questions were based on some items from Ando et al. (2008) and Ando

et al. (2010). The present study focused on reviewing the hardships faced by the participants following the disaster. The following questions were asked in the disaster-memories review session: (1) what was the most important and impressive thing that happened in your life during the disaster? (2) what was the most significant contribution that you made during the disaster? (3) what was the proudest moment of your life during the disaster?. In the process the participants selected one photo which was congruent with their memory and shared their thoughts. The photos were taken from the local newspapers and internet by the researcher

The researcher encouraged participants to choose the photo which covered their thoughts related to each of the questions and to share their story. Then, the religious leader advised the importance of: (1) being patient with God and thankful for what he gave, (2) maintaining a good relationship with God and human beings rather than being self-isolated, and (3) having wisdom and final meanings in life.

The second session. The researcher prompted the participants to re-evaluate both good and bad memories by looking at the group photos that reflected their life. The participants shared their feelings regarding the album. After that, the researcher asked them to reconstruct their life by asking the following questions: (1) “Presently, how do you recognize that memory?”, and (2) “Presently, how do you feel”. Then the researcher made a conclusion about the participants’ stories. Furthermore, the religious leader advised the participant about (1) searching for the meaning of life, (2) responding to a personal experience and sense of ultimate meaning, and (3) looking for hope against fear.

Expert validation and pilot study

Suggestions and comments for each instrument from the three experts were used to modify the community based spiritual life review guideline originally constructed by the author. The main suggestions from the reviewers, and changes made based on those suggestions, were first to add activities to the community-based spiritual life review guideline

to establish rapport, and provide an evaluation at the end of each session; and secondly, to add a section on the teaching plan for religious affirmation in the objectives of each section of the program.

Generally, the pilot program accomplished the desired objectives, and the actual research was based on the pilot program with only a couple of small modifications. One useful suggestion from the participants was that they felt that the two 1.5 hour sessions could be joined together in one 3-hour session. The other suggestion was that the religious leader should have at least 30 -50 minutes to talk with the participants in the meeting. The final program was then conducted based on the pilot program as described earlier, with some small modifications based on the noted suggestions. During the pilot study, the researcher found that the majority of participants needed more explanation regarding the photos which were provided by the researcher. Only some of the participants selected from the provided pictures while telling their life story, while the rest talked about their life story without selecting any photos. Therefore, the researcher changed the pictures and found some new photos that covered the participants' stories. Generally the participants talked about the existence of God, seeking a safe place, living in barracks, survival from the tsunami and solidarity.

Discussion

There are various earlier studies regarding life review programs which focused on depressive symptoms in the elderly (Bohlmeijer, Westerhof, & Emmerik-de Jong, 2008; Bohlmeijer, Valenkamp, Westerhof, Smit, & Cuijpers, 2005; Jones, 2003; Stinson, Young, Kirk, 2010), severe mental disorders (Willemse, Depla, & Bohlmeijer, 2009), terminal cancer patients (Ando, Morita, Okamoto et al., 2008; Ando, Morita et al., 2010), elderly with end stage renal disease, or bereavement (Ando, & Morita, 2010). The present study focused on elderly survivors from disaster. They need to have resilience in order to deal with tragedies.

Strategies of the programs

Many previous studies have found that a group life review program enabled elderly participants to enhance their social interactions and increase the social support between them (Bohlmeijer, Valenkamp, Westerhof, Smit, & Cuijpers, 2005; Bohlmeijer, Westerhof, & Emmerik-de Jong, 2008; Chao, et al., 2006; Willemse, Depla, & Bohlmeijer, 2009; Liu, Lin, Chen, Huang, 2007). Through the process of retelling and sharing life experiences with others, many elderly participants who believed they were alone began to realize that they had friends and support nearby, if they just reached out for it. Such group interventions usually consist of 6-12 elders in a 1-2 hour session (Liu, et. al, 2007; Chao, et al., 2006; Bohlmeijer, et. al, 2008; Willemse, et. al, 2009; Bohlmeijer, et. al, 2005). However, such programs need to consider the time in order to maintain the group members' interaction. The duration of most previous studies was 6-12 sessions over 6-12 weeks (Bohlmeijer, Westerhof, et. al, 2008; Chao, et al., 2006; Willemse, et. al, 2009; Liu, et. al, 2007; Stinson, Young, Kirk walker, 2010). Most interventions focused on broad themes such as family history, accomplishments, and turning points (Bohlmeijer, et. al, 2005). In newer interventions, explicit and narrowly focused themes are selected and more guidance is given during the intervention. Studies examining short term life reviews conducted in a 1-2 week period found a better participation rate than the longer programs (Ando, Morita, Okamoto et al., 2008; Ando, Morita et al., 2010). The short term life review is more suitable for elderly participants to avoid boringness and burden of cognitive load. With regard to these studies suggesting more focused, and shorter, sessions for elderly people, the sessions of the current study were conducted for 2 sessions per week for four week.

Measurement of resilience

Resilience scales are developed and used according to the needs of the particular study. For example, the Connor-Davidson Scale was developed by two psychiatrists. The

scale contains 25 items, each scored on a 5-point rating scale (0-4). It is designed to assess the concept of hardiness. The scale measures stress and coping ability, which are important treatment targets in anxiety, depression, and stress reaction (Connor, & Davidson, 2003). The Resilience Scale (RS) was developed by Wagnild and Young (cited in Maneerat, 2011), and consists of 25 items on a 7-point rating scale (1-7). The purpose of this scale is to identify the degree of individual resilience as a positive personal characteristic in order to enhance individual adaptation. The third resilience scale in common use today is the Thai Elderly Resilience Scale (TER scale). The TER scale was developed by Maneerat (2011) in order to identify a conceptual structure of elderly resilience in the Thai context and to conduct a psychometric evaluation of the new instrument. The scale consists of 24 items, and uses a 4-point rating scale (1-4). Higher scores indicate higher resilience. Resilience assessment consists of 18 components: a trusting relationship, social support, spiritual support, opportunity for spiritual practice, maintaining social connections, problem solving ability, spiritual coping, help seeking, general health, health promoting behaviors, perseverance, equanimity, self-reliance, sense of humor, positive thinking, life meaningfulness, caring for others, and life satisfaction.

The present study assessed how prepared people are to face a disaster. They were considered as healthy elders, who were survivors of the disaster. The resilience scale provided by Maneerat (2011) was used in the present study, with the 18 components listed above divided into three sub-categories of external support, internal support, and social and problem solving skills. The most significant factors were spiritual and social support.

Conclusion

Promoting resilience in elderly people who live in a disaster-prone area is necessary because the elderly are in a vulnerable condition in terms of disasters. The presence

of spiritual and social support was a significant predictor of resilience among the elderly. The study confirmed that community resources and religious leaders can play an important role in enhancing the resilience. Conducting a community-based spiritual life review program is very efficient in terms of not requiring much financial support, and has almost no harmful side effects. Community nurses can conduct such a program independently by themselves, because there are no invasive procedures. The strengths of the program, including community health volunteer involvement and religious leader participation increased the community participation in the study. The limitation should be noted, such as the generalizability of the study findings may be limited because the program was applied in the Islamic belief affirmation to approach the participants. The result of expert validation and pilot study ensured that the program was applicable and feasible to be implemented in the elderly residing in a disaster prone area.

Recommendation

The findings suggest some issues for further related research. Firstly, implementing a community-based spiritual life review program for other areas should utilize the community resources to fit within each community. Secondly, future study needs to add an implementation session and avoid pictures or photos which induce participants to remember past traumatic memories or experiences during the review of their spiritual life.

References

- Ando, M., & Morita, T. (2010). Efficacy of the structured life review and the short-term life review on the spiritual well-being of terminally ill cancer patients. *Journal Health, 2*, 342-346.
- Ando, M., Morita, T., Miyashita, M., Sanjo, M., Kira, H., & Shima, Y. (2010). Effects of bereavement life review on spiritual well-being and depression. *Journal of Pain and Symptom Management, 40*, 453-459.
- Ando, M., Morita, T., Okamoto, T., & Ninosaka, Y. (2008). One-week short-term life review interview can improve spiritual well-being of terminally ill cancer patients. *Psycho-Oncology, 17*, 885-890.

- Australian Association of Gerontology (2006). Diversity in ageing, 39th annual conference of the Australian Association of Gerontology, Sydney. Retrieved from http://www.aag.asn.au/filelib/Diversity_in_Ageing_2006AAG.pdf#page=7
- Bohlmeijer, E., Valenkamp, M., Westerhof, G., Smit, F., & Cuijpers, P. (2005). Creative reminiscence as an early intervention for depression: results of a pilot project. *Aging & Mental Health*, 9(4), 302-304.
- Bohlmeijer, E. T., Westerhof, G. J., & Emmerik-de Jong, M. (2008). The effects of integrative reminiscence on meaning in life: results of a quasi- experimental study. *Aging & Mental Health*, 12, 639-646.
- Chao, S., Liu, H., Wu, C., Jin, S., Chu, T., Huang, T., et al. (2006). The effects of group reminiscence therapy on depression, self esteem, and life satisfaction of early nursing home residents. *Journal of Nursing Research (Taiwan Nurses Association)*, 14, 36-44.
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82.
- Harrand, A. G., & Bollstetter, J. J. (2000). Developing a community-based reminiscence group for the elderly. *Clinical Nurse Specialist*, 14(1), 17-22.
- Hildon, Z., Smith, G., Netuveli, G., & Blane D. (2008). Understanding adversity and resilience at older ages. *Sociology of Health & Illness*, 30, 726-740.
- Jones, E. (2003) Reminiscence therapy for older women with depression: effects of nursing intervention classification in assisted-living long-term care. *Journal of Gerontological Nursing*, 29, 26 – 36.
- Liu, S., Lin, C., Chen, Y.M., Huang, X.Y. (2007). The effects of reminiscence group therapy on self esteem, depression, loneliness and life satisfaction of elderly people living alone. *Taiwan Journal Medical*, 12, 133-42.
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12, 857–885.
- MacKinlay, E., & Trevitt, C. (2010). Living in aged care: Using spiritual reminiscence to enhance meaning in life for those with dementia. *International Journal of Mental Health Nursing*, 19, 394-401.
- Manerat, S. (2011). *Resilience as a self-care for bouncing back after life adversity in Thai elderly* (Unpublished doctoral thesis). Prince of Songkla University, Thailand.
- Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.
- Netuveli, G., & Blane, D. (2008). Quality of life in older ages. *British Medical Bulletin*, 85, 113-126.
- Olphen, J. V., Schulz, A., Israel, B., Chatters, L., Klem, L., Parker, E., et al. (2003). Religious involvement, social support, and health among African-American women on the east side of Detroit. *Journal General International Medical*, 18, 551-556.
- Prueksaritanond, S., & Kongsakol, R. (2007). Biopsychosocial impacts on the elderly from a tsunami-affected community in Southern Thailand. *Journal Medical Association Thailand*, 90, 1501-1505.
- Rourke, N. (2004). Psychological resilience and well being of widowed women. *Aging International*, 29, 267-280.
- Rowe, J.W., & Khan, R.L. (2000). Successful aging and diseases prevention. *Advances in Renal Replacement Therapy*, 7, 70-77.
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15, 194-200.

- Stinson, C. K., Young, E. A., Kirk, E., & Walker, R. (2010). Use of a structured reminiscence protocol to decrease depression in older women. *Journal of Psychiatric and Mental Health Nursing, 17*, 665-673.
- The Benevolent Society. (2005). Reminiscing handbook. *Reminiscing Manual version 1*. Retrieved from <http://www.scribd.com/doc/28526151/Reminiscing-Handbook-For-Those-Working-With-Older-Adults>
- Wagnild, G. (2003). Resilience and successful aging: Comparison among low and high income older adults. *Journal of Gerontological Nursing, 29*, 42-49
- Webster, J. D., Bohlmeijer, E. T., & Westerhof, G. J. (2010). Mapping the future of reminiscence: A conceptual guide for research and practice. *Research on Aging, 32*, 527-564.
- Willemsse, B. M., Depla, M. F. I., & Bohlmeijer, E. T. (2009). A creative reminiscence program for older adults with severe mental disorders: results of a pilot evaluation. *Aging & Mental Health, 13*(5), 736-743.
- World Health Organization [WHO]. (2005). The world health report 2005. Retrieved from <http://www.who.int/whr/2005/en/index.html>
- Yamamoto, A. (2006). Midterm report on the project "Disaster nursing in a ubiquitous society" in the academic years 2003 and 2004. *Japan Journal of Nursing Science, 3*, 65-69.